



APPLICATIONS ACCESS ATTACHMENT #1 (MH-1003)

Mail to: Department of Mental Health
Chief Information Office Bureau
695 South Vermont Avenue
Los Angeles, CA 90005
Attn: Systems Access Unit

ADDITIONAL ASSIGNED LOCATIONS (Use this form to assign specific Reporting Units)

This form is not required if Staff is assigned at the Legal Entity Level.

☐ Grant user access to service location(s) indicated below:

Provider Name: _____
Org Unit/Rept Unit/FFS Prov: _____
Address: _____ City: _____ Zip: _____
Contact Name: _____ Contact Phone Number: _____ Service Area: _____

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